

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000011393 (0)**
1. Corporation Name
**AFRICAN-AMERICAN BOUTIQUE AND BEAUTY SUPPLIES, I
NC.**



Principal Place of Business 6639 PEMBROKE ROAD PEMBROKE PINES FL 33023	Mailing Address 6639 PEMBROKE ROAD PEMBROKE PINES FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6639 Pembroke Rd Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, FL Zip 24 33023 Country 25 Broward		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/03/1997	
		4. FEI Number 65-0723826		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent TAYLOR, CELESTINA 6639 PEMBROKE ROAD PEMBROKE PINES FL 33023			10. Name and Address of New Registered Agent 81 Name X 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE D TAYLOR, CELESTINA 8 PALM STREET HOLLYWOOD FL 33023	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition Allenia G. Brown Board of Director 6639 Pembroke Rd P. Pines FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE D TAYLOR, PHILIP 8 PALM STREET HOLLYWOOD FL 33023	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Board of Director Eustance Estrada 6639 Pembroke Rd P. Pines FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE PRESIDENT CELESTINA TAYLOR Pres 8 Palm St Hollywood FL 33023	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Board of Director Philip Taylor JR 6639 Pembroke Rd P. Pines FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE VICE PRESIDENT Philip A. Taylor 8 Palm St Hollywood FL 33023	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition Board of Director Maggie P. Bryan 6639 Pembroke Rd P. Pines FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Philicia A. Taylor 6639 P. Road P. Pines	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition Board of Director Vikhadale Taylor 6639 Pembroke Rd P. Pines FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)